



FERPA Release

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law that protects the privacy of student education records, as defined by 34 CFR §99.3. In order for a student to participate in the ESA program, the account holder must sign a release to allow the Tennessee Department of Education (department) to disclose personally identifiable information contained in the student's education records to the individuals and agencies listed below. This form is provided as a means for account holders to give the department permission to discuss the student's education records with someone other than themselves (written consent will be kept permanently on file).

I understand that the Family Educational Rights and Privacy Act of 1974 prohibits any further disclosure of this information without my specific written consent, or as otherwise permitted by such regulations. I understand that I have the right not to consent to disclosure of this information. I understand that this consent shall remain in effect until revoked by me, in writing, and delivered to the department, but that any such revocation shall not affect disclosures previously made by the department prior to the receipt of any such written revocation. If for any reason an account holder decides to cancel this release, the account holder must send an email withdrawing the consent, indicating the person(s) affected to:

ESA.Questions@tn.gov.

Having read and understand this release, I hereby authorize the department to release information regarding the student's education records to the following:

- 1. Any participating non-public school and postsecondary institution that the student currently attends or has attended while enrolled in the ESA Program,*
- 2. Any Tennessee state governmental entity, including, but not limited to, the Tennessee Department of Treasury, Tennessee Department of Children's Services, the Tennessee Student Assistance Corporation, and*
- 3. The person(s) whose name(s) appear below.*

Account holders may also give written consent to the department to discuss the student's education records with someone other than the account holder by writing the person's name in the boxes below.

Student's Name	
Student's Date of Birth	
Disclose to: Full Name #1	
Disclose to: Full Name #2	
Signature of Account Holder	
Date	